DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: BROWNS APPLE INN (0009919) Address: 6409 COUNTY N, ARPIN, WI 54410

License Status: REGULAR

Licensed/Certified/Registered 10/01/2003

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0096237 End Date: 01/09/2006 Type: STANDARD Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0090983 End Date: 09/04/2003 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10005227 Served 09/19/2003

Deficiencies Cited Subject Area Subject Area Corrected

83.33(3)(a)1 PRACTITIONER'S WRITTEN ORDER FOR MEDS 01/09/2006 Yes